

REDACTED

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH



November 25, 2003

Our Reference: DMH/SEFI/PM/ee
Your Reference: Criminal Case Number

John W. Hinckley (#123,173)
81-306

The Clerk
Criminal Division
United States District Court
for the District of Columbia
3rd and Constitution Avenue, NW, Room 1809
Washington, D.C. 20001

Dear Sir:

We wish to call to your attention the case of John Hinckley, Jr. who was admitted to Saint Elizabeths Hospital by Court order on June 22, 1982, pursuant to the provisions of Title 24, Section 501(d)(1) of the D.C. Code until such time as he is ordered released pursuant to Title 24 Section 501(d)(2) or Title 24, Section 501(e) of the D.C. Code, after having been found Not Guilty by Reason of Insanity on multiple charges involving his assassination attempt on the life of President Reagan as well as the shooting of Press Secretary Brady and Assault on other Federal and Police agents.

As noted in our letter to the Court dated August 5, 2003, the Hospital opposes Mr. Hinckley's motion filed pursuant to 501(k), dated March 3, 2003, requesting five visits off the grounds of Saint Elizabeths Hospital with his parents Mr. and Mrs. John W. Hinckley, Sr., at and near their home from 9:00 a.m. to 9:00 p.m., followed by five overnight visits for one night per visit off the Hospital grounds with his parents at and near their home from 9:00 am on the first day to 9:00 p.m. the following day.

As reflected in the August 5, 2003 letter the Hospital recommended a more gradual conditional release. At that time the Hospital recommended that, initially, Mr. Hinckley would be granted day and overnight visits in Washington, D.C. under the supervision of his parents. Subsequently, if he complied with all the conditions of these visits, the Hospital would recommend overnight visits at his parent's home under the supervision of his parents.

A synopsis of his hospital course was outlined in the last letter. To summarize his more recent hospital course, Mr. Hinckley was started on Risperdal 1 mg HS in May of 1999. He also began individual therapy with Sidney Binks, Ph.D. around the same time. On July 11, 2000 he was transferred to Ward 8, medium security to explore his interest in reading material and examine his judgment and decision-making. He appeared to respond well to this transfer and developed a more open and cooperative relationship with the treatment team.

*Let this be filed
Per [signature]*

He began exercising unaccompanied grounds privileges two hours per day on October 30, 2000. On December 7, 2000, he began exercising city privileges, accompanied by staff. Mr. Hinckley began a Work Adjustment Training Program (WATP) assignment with the clerical unit on February 27, 2001, on campus. He has handled all these privileges responsibly.

Mr. Hinckley was transferred from medium security to minimum security, Ward 2, on August 28, 2001. On October 22, 2001, Mr. Hinckley was approved by the Review Board for unaccompanied Hospital ground privileges (9 a.m. to 9 p.m.). He has handled these privileges responsibly. Mr. Hinckley works at a WATP assignment with the clerical unit at the Saint Elizabeths Hospital library, five days per week, three hours per day. Mr. Hinckley has had a number of successful family outings in the Washington, D.C. area, accompanied by staff.

A mental status examination was conducted on November 24, 2003 by Thomas Green, M.D., Mr. Hinckley's assigned psychiatrist. According to the evaluation, Mr. Hinckley readily agreed to the interview. He presented as clean-shaven and casually dressed. Speech was fluent and goal directed. His intellectual functioning appeared entirely within normal limits. He was fully oriented and well aware of current events. His concentration and memory are normal. During the interview, he appeared somewhat tense and exhibited some fidgety hand wringing. Nevertheless, he was cooperative and displayed an appropriate range of affect. He denied any extremes of mood and described his mood as positive, stating that he was feeling good and was optimistic about his petition for conditional release. He reported that he was hopeful of enjoying excursions with his parents into the community. He indicated that he had enjoyed previous outings and was glad that he had not been recognized in the past, when with his parents. When asked what he would do if he was recognized and approached by the public or media, he answered that he would politely try to remove himself from the situation, but "if things got out of hand, we'll call on law enforcement and retreat back to our hotel." He identified three instances of being recognized and approached. One time was on an outing to a restaurant with peers. Another time was during Field Day and another time was by someone else's visitor, while he was feeding his cats. He reports that he was able to handle each of these incidents appropriately. He denied any hallucinatory experiences, feelings of being persecuted, or any persistent distressing thoughts. No delusional ideas could be elicited and no grandiose or referential thinking was evidenced. Thoughts about harming himself or anyone else were denied. He denied recent or recurrent thoughts of hopelessness. Insight about his mental illness is evidenced by his acknowledgement that he had been psychotic in the past and that his current antipsychotic medication helps him to stay calm. He acknowledged that he expected to see a psychiatrist the rest of his life. He accepted the prescribed treatment without arguments and says he absolutely intends to remain in treatment indefinitely for his own benefit.

Mr. Hinckley's current diagnoses include Psychotic Disorder NOS, In Full Remission, Major Depressive Disorder, In Full Remission, Narcissistic Personality Disorder and Schizoid Disorder, Premorbid. His current medications include Risperdal 1 mg HS and Benadryl 50 mgs HS.

On November 19, 2003, the Honorable Paul L. Friedman requested that the hospital review the reports and testimony of Dr. Phillips and Dr. Patterson. The reports and testimony were reviewed by Mr. Henneberry, Dr. Montalbano and Dr. Green. An emergency Review Board convened on November 24, 2003 to discuss the findings and recommendations of Dr. Phillips and Dr. Patterson and to re-examine the Hospital's position regarding a conditional release.

The Hospital decided to modify and amplify its previous proposal in the following manner. The Hospital now recommends a conditional release in the following three phases. Phase I will consist of two local day visits within a 50-mile radius of the Washington, D.C. area on a Saturday or Sunday from 9:00 a.m. to 9:00 p.m. Phase II will consist of two local overnights within a 50-mile radius of the Washington, D.C. area from Saturday at 9:00 am to Sunday at 5:00 p.m. After Phase II there will be a Review Board presentation, if the treatment team continues to recommend expanded privileges. If approved by the Review Board, Mr. Hinckley will progress to Phase III, which will consist of six overnight visits at the parent's residence from Saturday at 9:00 a.m. to Sunday at 9:00 p.m. After every outing a status report will be sent to the Court under seal. The outlines of the conditional release are described in the attached *Graduated Conditional Release Plan For John W. Hinckley, Jr.*

In addition, the Hospital has developed various safeguards and mechanisms for gathering feedback from each visit to form a basis for recommending continuing visits and to better integrate the proposed outings into Mr. Hinckley's current treatment plan. First, Mr. and Mrs. Hinckley will sign and agree to the enclosed *Agreement To Assume Supervisory Responsibility For Patient While On Limited Conditional Release*. This document stipulates that Mr. Hinckley will be immediately returned to the Hospital if there are signs of decompensation, danger to self or others, or signs of elopement. In addition, if there is a negative incident involving the media or public, Mr. and Mrs. Hinckley agree to immediately call the Nursing Supervisor's Office at the Hospital and return if directed. The Nursing Supervisor will immediately call the individuals listed in the enclosed *Phone List For Nursing Supervisor*. Second, Mr. and Mrs. Hinckley will agree to adhere to the enclosed *Media Plan*. Essentially, this prohibits Mr. Hinckley Sr., Mrs. Hinckley and Mr. Hinckley, Jr. from contacting the media during any outing. Third, Mr. and Mrs. Hinckley will be instructed on how to fill out the enclosed *Individualized Relapse Prevention Plan Feedback From Responsible Person Supervising Patient While On Conditional Release*. This form contains a list of factors, which have been identified as relevant warning signs for decompensation in Mr. Hinckley's case. When Mr. and Mrs. Hinckley return to the hospital, they are to hand in this form to Hospital staff. Mr. Hinckley Jr. will also fill the *Individualized Relapse Prevention Plan Feedback From Patient While On Conditional Release* within two hours of returning to the hospital. Fourth, the treatment team will interview Mr. Hinckley Sr., Mrs. Hinckley and Mr. Hinckley Jr. after each outing. Enclosed are the *Guidelines For Semi-Structured Interview After Patient Returns From Limited Conditional Release-Parental Version* and *Guidelines For Semi-Structured Interview After Patient Returns From Limited Conditional Release-Patient Version*. These guidelines are formulated to help structure the mechanism by which feedback is gathered after each outing to better plan for future outings. Finally, the outings will be specifically integrated with his current treatment plan. Enclosed is the *Individual Recovery Plan Goals While On Limited Conditional Release*, which is designed to integrate treatment planning with therapeutic goals for the proposed outings.

A detailed itinerary will be developed by the Hospital and submitted to the Court two weeks prior to each outing with information regarding the locations, purposes and time frames of the visit. We request that this itinerary be submitted under seal for security reasons. Mr. Hinckley and his parents will maintain daily phone contact with the Hospital, and speak with ward staff. The ward social worker and/or other designated treatment team members, who will be trained in the attachments, included in this letter, will interview both Mr. Hinckley and his parents following each visit.

With these additional safeguards in place and with the modifications noted, it is our opinion that Mr. Hinckley has sufficiently recovered from his mental illness to be granted a limited conditional release without danger to himself or others, in accordance with the provisions of Title 24, Section 501(e) of the D.C. Code, as amended, if the conditions of the release are as outlined in the preceding paragraphs.

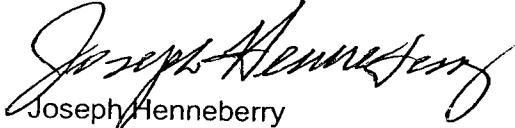
If the patient's mental condition warrants, or if he violates the conditions of this release, the Hospital will return him to total inpatient care with due notification to the Court.


On the day of the scheduled hearings, Paul Montalbano, Ph.D. and Thomas Green, M.D. will be available on 45-minute call at _____ should testimony by the Hospital on this matter be desired.

Sincerely,

Martha B. Knisley
Director

By:


Joseph Henneberry
Acting Associate Director for
Forensic Services


Thomas Green, M.D.
Medical Director
Forensic Services

Enclosure

C:
The Honorable Judge Paul L. Friedman
United States District Court
For the District of Columbia
3rd and Constitution Avenue, N.W., Room 6321
Washington, D.C. 20001

Robert Chapman, Esquire
Assistant United States Attorney
Judiciary Center
555 4th Street, N.W., Room 5213
Washington, D.C. 20001

Thomas Zeno, Esquire
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Judiciary Center
555 4th Street, N.W., Room 5124
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2101 "L" Street, N.W.
Washington, D.C. 20037-1526

**GRADUATED CONDITIONAL RELEASE PLAN
FOR JOHN W. HINCKLEY, Jr.**

PHASE I:

Two local day visits within a 50-mile radius of the Washington, D.C. area on a Saturday or Sunday from 9:00 a.m. to 9:00 p.m.

Jack and Jo Ann Hinckley will assume supervisory responsibility during these outings and to this end agree to all the conditions and responsibilities stipulated in the Agreement To Assume Supervisory Responsibility For Patient While On Limited Conditional Release. Conditions include monitoring Mr. Hinckley for signs of decompensation, danger or elopement risk and returning Mr. Hinckley immediately to the hospital if directed. In addition Mr. and Mrs. Hinckley are to immediately report any adverse incident involving the media or public and return Mr. Hinckley to the hospital if directed. The Hinckleys will be instructed on the Individualized Relapse Prevention Plan and instructed on how to fill out the form requesting feedback on symptoms or behaviors potentially associated with relapse. John W. Hinckley, Jr. will also fill out the Individualized Relapse Prevention Plan: Feedback From Patient While On Conditional Release after his return from the hospital. Mr. and Mrs. Hinckley and their son will agree to the Media Plan, which is attached. Mr. and Mrs. Hinckley and their son will be interviewed by the Treatment Team according the Semi-Structured Interview Format, which is attached. The outings will be specifically linked to his current Individual Recovery Plan and his current treatment issues of: 1) Poor Judgment/Secretiveness, 2) Narcissism and 3) Community Reintegration. Please see the Individual Recovery Plan Goals While on Conditional Release.

A more detailed itinerary will be developed two weeks prior to the outing and submitted to Court. We request the itinerary be submitted under seal for security concerns.

GRADUATED CONDITIONAL RELEASE PLAN FOR JOHN W. HINCKLEY, Jr.

PHASE II:

Two local overnight visits within a 50 mile radius of the Washington, D.C. area on Saturday from 9:00 a.m. to Sunday at 5:00 p.m.

Consistent with Phase I Jack and Jo Ann Hinckley will assume supervisory responsibility during these outings and to this end agree to all the conditions and responsibilities stipulated in the Agreement To Assume Supervisory Responsibility For Patient While On Limited Conditional Release. The Hinckleys will stay at a local hotel. Mr. and Mrs. Hinckley will sleep in one room and their son will sleep in an adjoining room in the same suite. John W. Hinckley Jr. is not to leave the room except when accompanied by at least one parent. Consistent with Phase I Mr. and Mrs. Hinckley are responsible for monitoring Mr. Hinckley Jr. for signs of decompensation, danger or elopement risk and returning Mr. Hinckley immediately to the hospital if directed. In addition Mr. and Mrs. Hinckley are to immediately report any adverse incident involving the media or public and return Mr. Hinckley to the hospital if directed. The Hinckleys will be instructed on the Individualized Relapse Prevention Plan and instructed on how to fill out the form requesting feedback on symptoms or behaviors potentially associated with relapse. John W. Hinckley, Jr. will also fill out the Individualized Relapse Prevention Plan: Feedback From Patient While On Conditional Release after his return from the hospital. Mr. and Mrs. Hinckley and their son will agree to the Media Plan, which is attached. Mr. and Mrs. Hinckley and their son will be interviewed by the Treatment Team according the Semi-Structured Interview Format, which is attached. The outings will be specifically linked to his current Individual Recovery Plan and his current treatment issues of: 1) Poor Judgment/Secretiveness, 2) Narcissism and 3) Community Reintegration. Please see the Individual Recovery Plan Goals While on Conditional Release.

At the completion of Phase II, we recommend a Review Board review. Before proceeding to Phase III a psychiatrist will be identified in the vicinity of the parent's residence and the psychiatrist will be interviewed by Dr. Green to coordinate potential treatment. Designated members of the treatment team will visit the residence of Mr. and Mrs. Hinckley and discuss the logistics, plans and goals of the proposed overnight outings at the parental residence. The treatment team and Hinckleys will outline itineraries for the proposed overnights of Phase III.

Pending a complete review and Review Board approval a more detailed itinerary will be developed two weeks prior to the outing and submitted to Court. We request the itinerary be submitted under seal for security concerns.

PHASE III:

Six overnights at the parent's residence from Saturday at 9:00 a.m. to Sunday at 9:00 p.m.

All of the conditions and stipulations from Phase I and Phase II continue to apply. There will be focus during Phase III on meeting the treatment goals listed on his Individual Recovery Plan under Community Reintegration. The outings will specifically focus on bolstering and developing additional support systems and exploring employment opportunities. During at least one visit Mr. Hinckley will meet with the identified psychiatrist in the area.

A more detailed itinerary will be developed two weeks prior to the outing and submitted to Court. We request the itinerary be submitted under seal for security concerns.

If the patient's mental condition warrants, or if he violates the conditions of his release, the Hospital will immediately return him to total inpatient care with due notification to the Court.

**AGREEMENT TO ASSUME SUPERVISORY RESPONSIBILITY FOR PATIENT
WHILE ON LIMITED CONDITIONAL RELEASE**

Patient: _____
Hospital Number: _____

I understand that I am responsible for the supervision and care of the above named patient, during the specified times he is exercising his conditional release. I understand that it is my responsibility to pick up and return him from the hospital as outlined in the conditional release. I understand that it is my responsibility to periodically call the hospital if directed to provide any feedback requested regarding how the above patient is responding to the outing. Under no circumstances will I bring him to an area where I know there are weapons or firearms. I will be available to be contacted at all times during the outing by telephone at designated numbers. I agree to provide any feedback requested in an honest and forthright manner. I further understand that if there is any sign of the following:

- 1) Decompensation (i.e. an increase in symptoms)
- 2) Danger to self or others
- 3) Sign of elopement

I will:

- 1) Immediately call and inform the Nursing Office at John Howard Pavilion at _____
- 2) Return him to John Howard Pavilion as soon as possible, or if this is not feasible to some other hospital as soon as possible.
- 3) If the situation is too dangerous, immediately contact the local police and the U.S. Marshals Service at _____ and inform them of the patient's legal status and situation.

If there is a negative incident involving the public or the media I will:

- 1) Immediately call and inform the Nursing Office at John Howard Pavilion at _____
- 2) Return him to John Howard Pavilion if directed by the hospital.

Responsible Person: _____
(Please Print)

Date: _____

(Signature)

Responsible Person: _____
(Please Print)

Date: _____

(Signature)

PHONE LIST FOR NURSING SUPERVISOR

Patient: _____

Hospital Number: _____

Attached is the Agreement To Assume Supervisory Responsibility For Patient While On Limited Conditional Release for the above patient. According to this Agreement, the Hinckleys are to call the nursing supervisor's office in the event of signs of decompensation, danger to self or others, sign of elopement or a negative incident involving the media of public. If there are signs of decompensation, danger to self or others or signs of elopement, Mr. Hinckley is to return to John Howard Pavilion as soon as possible, or if this is not feasible to some other hospital as soon as possible. In addition, in the event of a negative incident involving the public or the media, return him to John Howard Pavilion if directed by the hospital.

Once either Jack Hinckley Sr. or Jo Ann Hinckley call the hospital, you are to immediately call:

- 1) Administrator on Call
- 2) Mr. Henneberry at
- 3) U.S. Marshals Service (U.S. District Court) at
- 4) United States Secret Service at
- 5) DMH Office of Accountability at
- 6) SEH Risk Manager at

**MEDIA PLAN
TO BE UTILIZED FOR PATIENT
WHILE ON LIMITED CONDITIONAL RELEASE**

Patient: _____
Hospital Number: _____

Day and/or overnight visits will not involve the media in any way. Any effort to contact the media in person or by telephone or by any electronic device while the patient is exercising day or overnight visits is a violation of the conditional release. If approached by the media, I will respond by asking the media to "please respect our privacy." If the media persists in an effort to contact us, I will remove myself from the situation and go a designated "safe location" such as our home or if in Washington, D.C., the residence or dwelling of a friend. If necessary, I agree to cancel the planned itinerary and return to the hospital. If the media are aggressive or abusive, I will contact the police if necessary. I agree to immediately contact the hospital as outlined in the "Agreement To Assume Supervisory Responsibility For Patient While on Limited Conditional Release" and to return the patient immediately to the hospital if directed to do so.

Patient: _____ **Date:** _____
(Please Print)

(Signature)

Witness: _____ **Date:** _____
(Please Print)

(Signature)

**INDIVIDUALIZED RELAPSE PREVENTION PLAN
FEEDBACK FROM RESPONSIBLE PERSONS SUPERVISING PATIENT
WHILE ON CONDITIONAL RELEASE**

Patient: _____
Hospital Number: _____

After the completion of the time limited Conditional Release, please complete this form and return to the hospital upon completion of the visit. Please rate the patient on the following symptoms and behaviors using a scale ranging from "Not Present" to "A Little Present" to "Very Present." Please fill out the following checklist and questions independently and without any collaboration or discussion.

| BEHAVIOR/SYMPTOM | NOT OBSERVED | A LITTLE PRESENT | VERY PRESENT |
|------------------------------------|--------------|------------------|--------------|
| Homicidal Thoughts/Actions | | | |
| Suicidal Thoughts/Actions | | | |
| Escape Planning/Thoughts | | | |
| Interest in Weapons | | | |
| Delusions/Strange Beliefs | | | |
| Depressed Mood (Too Sad) | | | |
| Isolation/Withdrawal | | | |
| Grandiosity | | | |
| Attention-Seeking (i.e. Media) | | | |
| Anger | | | |
| Unusual/Intense Interest in Female | | | |
| Poor Stress Tolerance | | | |
| Poor Judgment/Decision-Making | | | |
| Guardedness/Secretiveness | | | |
| Impulsivity | | | |
| Agitation | | | |
| Elevated Mood (Too Happy) | | | |
| Anxiety/Nervousness | | | |
| Suspiciousness/Paranoia | | | |
| Resistance to Taking Medication | | | |
| Noncompliance with Directions | | | |

Responsible Person: _____
(Please Print)

Date: _____

(Signature)

**INDIVIDUALIZED RELAPSE PREVENTION PLAN
FEEDBACK FROM RESPONSIBLE PERSONS SUPERVISING PATIENT
WHILE ON CONDITIONAL RELEASE**

Patient: _____

Hospital Number: _____

Please use the following space to explain in detail any symptoms or behaviors which were "Very Present." Please attach additional sheets if necessary.

Please explain further any symptoms or behaviors which were "A Little Present."

Additional Comments:

Responsible Person: _____
(Please Print)

Date: _____

(Signature)

**INDIVIDUALIZED RELAPSE PREVENTION PLAN
FEEDBACK FROM PATIENT WHILE ON CONDITIONAL RELEASE**

Patient: _____
Hospital Number: _____

After the completion of the time limited Conditional Release, please complete this form and return to the treatment team within two hours of returning to the hospital. Please rate yourself on the following symptoms and behaviors using a scale ranging from "Not Present" to "A Little Present" to "Very Present." Please fill out the following checklist and questions independently and without any collaboration or discussion.

| BEHAVIOR/SYMPTOM | NOT PRESENT | A LITTLE PRESENT | VERY PRESENT |
|------------------------------------|-------------|------------------|--------------|
| Homicidal Thoughts/Actions | | | |
| Suicidal Thoughts/Actions | | | |
| Escape Planning/Thoughts | | | |
| Interest in Weapons | | | |
| Delusions/Strange Beliefs | | | |
| Depressed Mood (Too Sad) | | | |
| Isolation/Withdrawal | | | |
| Grandiosity | | | |
| Attention-Seeking (i.e. Media) | | | |
| Anger | | | |
| Unusual/Intense Interest in Female | | | |
| Poor Stress Tolerance | | | |
| Poor Judgment/Decision-Making | | | |
| Guardedness/Secretiveness | | | |
| Impulsivity | | | |
| Agitation | | | |
| Elevated Mood (Too Happy) | | | |
| Anxiety/Nervousness | | | |
| Suspiciousness/Paranoia | | | |
| Resistance to Taking Medication | | | |
| Noncompliance with Directions | | | |

Patient: _____
(Please Print)

Date: _____

(Signature)

**INDIVIDUALIZED RELAPSE PREVENTION PLAN
FEEDBACK FROM PATIENT WHILE ON CONDITIONAL RELEASE**

Patient: _____
Hospital Number: _____

Please use the following space to explain in detail any symptoms or behaviors which were "Very Present." Please attach additional sheets if necessary.

Please explain further any symptoms or behaviors which were "A Little Present."

Additional Comments:

Patient: _____
(Please Print)

Date: _____

(Signature)

**GUIDELINES FOR SEMI-STRUCTURED INTERVIEW
AFTER PATIENT RETURNS FROM LIMITED CONDITIONAL RELEASE
PARENTAL VERSION**

Patient: _____

Hospital Number: _____

- 1) Describe how the outing went?
- 2) What did you do?
- 3) Were there any problems?
- 4) Were there any stressful moments?
- 5) Did you encounter the media? What happened?
- 6) Did anyone recognize him or you?
- 7) Did you observe him take his medication?
- 8) How was his mood during the course of the outing?
- 9) What types of social interactions did you observe?
- 10) What was his decision-making like?
- 11) Did he talk with anyone on the telephone? Who?
- 12) Did he talk with or meet anyone? Who? What happened?
- 13) Did he read any books or magazine articles? What?
- 14) How open versus guarded did he appear?
- 15) Did you observe any empathy?
- 16) Did he do anything to improve job skills or to pursue employment?
- 17) Did he do anything related to building additional support systems?
- 18) What therapeutic benefit if any do you believe the outing had?

Inquire in detail about any of the symptoms or behaviors endorsed as present from the Individualized Relapse Prevention Plan.

This is only a guideline. The interviewer(s) should feel free to ask additional questions based on the clinical information, which emerges.

**GUIDELINES FOR SEMI-STRUCTURED INTERVIEW
AFTER PATIENT RETURNS FROM LIMITED CONDITIONAL RELEASE
PATIENT VERSION**

Patient: _____

Hospital Number: _____

- 1) Describe how the outing went?
- 2) What did you do?
- 3) Were there any problems?
- 4) Were there any stressful moments?
- 5) Did you encounter the media? What happened?
- 6) Did anyone recognize you?
- 7) Did you take your medication?
- 8) How was your mood during the course of the outing?
- 9) What types of social interactions did you have?
- 10) Describe your decision-making?
- 11) Did you talk with anyone on the telephone? Who?
- 12) Did you talk with or meet anyone beside your parents? Who? What happened?
- 13) Did you read any books or magazine articles? What?
- 14) Did you do anything to improve job skills or to pursue employment?
- 15) Did you do anything related to building additional support systems?
- 16) What therapeutic benefit if any do you believe the outing had?

Inquire in detail about any of the symptoms or behaviors endorsed as present from the Individualized Relapse Prevention Plan.

This is only a guideline. The interviewer(s) should feel free to ask additional questions based on the clinical information, which emerges.